

Customer Service

Office locations - 7447 E. Indian School Road, Suite 110
 Scottsdale, Az. 85251-4468
 or
 9379 E. San Salvador Dr, Suite 100
 Scottsdale, Az. 85258
 Telephone - (480) 312-2400



SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

License Number _____

Fee _____

 Ord. to Applicant
 (date & initial)

Records Check _____

SECTION I

<input type="text"/>																				<input type="text"/>			<input type="text"/>		<input type="text"/>		
BUSINESS NAME (Individual, Company or "DBA", first name first)																				Area Code			Business Telephone No.				
<input type="text"/>				<input type="text"/>	<input type="text"/>															<input type="text"/>		<input type="text"/>					
STREET NO.				(N,E,S,W)	STREET NAME															Type		STE./APT. NUMBER					
<input type="text"/>															<input type="text"/>		<input type="text"/>										
City															State		ZIP										

SECTION II

<input type="text"/>				<input type="text"/>	<input type="text"/>															<input type="text"/>		<input type="text"/>		
STREET NO.				(N,E,S,W)	STREET NAME															Type		STE./APT. NUMBER		
<input type="text"/>															<input type="text"/>		<input type="text"/>							
City															State		ZIP							
<input type="text"/>																								
APPLICANT NAME (Individual or if enterprise, an officer or partner)																								

Statutory Agent or Agent Authorized to Receive Service of Process:

 Name _____ Address: _____

Name(s) of Manager(s) Having Actual Supervisory Authority Over the Operations of the Business:

SECTION III

1. TYPE OF ORGANIZATION:

 INDIVIDUAL ☐ PARTNERSHIP ☐ ENTERPRISE ☐ ; STATE OF FORMATION OF ORGANIZATION _____

DATE OF FORMATION OF ORGANIZATION _____

Name of Partner(s), Officer(s), Director(s) or Other Persons Participating in Decisions Relating to Managing the Business:

 (APPLICANT AND EACH PERSON LISTED IN SECTION III MUST COMPLETE THE INFORMATION REQUIRED IN SECTION IV - SUPPLEMENTAL PAGES
 AVAILABLE UPON REQUEST)

License Number _____

SECTION IV

1. Legal Name: Last _____ First _____ Middle _____

Other name(s) for prior 5 yrs. by which applicant has been known (including prior married name(s)) _____

2. Present Residential Address: _____

City _____ State _____ Zip _____

3. Home Phone: _____

4. List below any license or permit relating to a sexually oriented business or adult service:

Issuing Jurisdiction	Effective Dates	Suspended or revoked		If Yes, Reason
		Yes	No	

5. Have you had any criminal charges, complaints or indictments in the past three years which resulted in a conviction or a plea of guilty or no contest for organized crime or fraud or a prostitution, drug, or sexual offense? ☐ Yes ☐ No

Offense	Where Offense Occurred	Date of Offense	Court(s) Entered Into

6. Additional Information Required:

Written proof of age, in the form of a birth certificate, current driver's license with picture, or other picture identification document issued by a governmental agency.

SECTION V

An Accurate, to Scale, But Not Necessarily Professionally Drawn, Floor Plan of the Business Premises Clearly Indicating the Location of One or More Manager's Stations.

License Number _____

I HEREBY CERTIFY THAT ALL ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE ARE TRUE AND COMPLETE, AND I AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO BE LICENSED IN THE CITY OF SCOTTSDALE, COUNTY OF MARICOPA, STATE OF ARIZONA. **SIGNATURE MUST BE NOTARIZED**

DATE: _____ APPLICANT'S SIGNATURE: _____

FOR POLICE DEPARTMENT USE ONLY

RECOMMENDATION: APPROVED: ☐ DENIED: ☐ DATE: _____

COMMENTS: _____

OFFICER I.D. No.

FOR ZONING DEPARTMENT USE ONLY

RECOMMENDATION: APPROVED: ☐ DENIED: ☐ DATE: _____

COMMENTS: _____

SIGNATURE I.D. No.